

Application Number: _____

Amount of Fee Paid: _____

Date Filed: _____

Town of Allenstown, NH
16 School Street
Allenstown, NH 03275
485-4276, Fax 485-8669

Planning Board
Conditional Use Permit Application: Adult Business

NOTE TO APPLICANT: This license is NOT transferable and MUST be renewed annually. Any other applicable Town requirements must also be met by the business/applicant. ALL APPLICATIONS ARE TO BE SUBMITTED ELECTRONICALLY TO: ADMIN@ALLENSTOWNNH.GOV

Please type or Print

1. Please indicate if this is an INITIAL APPLICATION or a RENEWAL APPLICATION:

2. Applicant's Name(s):

3. Applicant's Age(s):

4. Applicant's Address (mailing AND residential):

5. Applicant's Phone Number(s):

6. Owner's Name(s):

7. Form of Ownership (corporate, etc. to include ALL parties/members/officers):

8. If a corporate or similar type of ownership, indicate where incorporation took place and when; AND provide PROOF of corporate good standing:

9. Owner's Address (mailing AND residential):

10. Owner's Phone Number(s):

11. Name of proposed business:

12. Name(s) the business will be operated under (stage name, alias, doing business as, etc.):

13. Indicate a SINGLE classification for which the applicant is filing – i.e. what type of adult business is this for, per the definitions in the Allentown Adult Business Ordinance:

14. Tax Map and lot number where the business is to be located:

15. Address where the business is to be located:

16. Recent photograph of the applicant. _____

17. Applicant's driver's license number, social security number, and/or state or federal tax ID number:

18. Sketch Diagram of the proposed business IN ACCORDANCE WITH SECTION IV.E.k of the Allentown Adult Business Ordinance:

19. A certified plot plan IN ACCORDANCE WITH SECTION IV.E.l of the Allentown Adult Business Ordinance:

Please Answer the Following (use additional sheets as needed)

20. Have you ever been convicted of a "specified criminal activity" per this ordinance? If so, please indicate what the INDIVIDUAL infraction(s) was/were, when they happened, the jurisdiction they occurred in, and the date for EACH:

21. Have you, or a person residing with you, had a previous adult business license, or similar in another community denied, suspended or revoked? If so, indicate the type of business, the name of the business, when the denial/suspension/revocation occurred, what community this took place in, why the denial/suspension/revocation took place, and if you or a person residing with you was a principal/partner/performer, etc.:

22. Do you hold an adult business license, or similar, in another community? If so, list what community it is in, when the license was received and when it expires and the name of the business:

Application Fee Amount

23. Fee for an INITIAL application will be \$500.

24. Fee for a RENEWAL application will be \$250.

25. Abutter notification fees for BOTH applications will be \$5 per abutter.

Signatures and Acknowledgment of Instructions

I have read and understand the Allenstown Adult Business Ordinance.

I attest that the information that I have provided in this application is true, to the best of my knowledge.

I understand that all fees and all other information required must be submitted prior to this application being considered complete. Failure to submit all necessary information may result in denial of the application.

I understand that it is necessary for the applicant to appear at the public hearing.

By signing and filing this application I hereby grant and give permission for the members of the Allenstown Planning Board and such agents and employees of the Town of Allenstown to enter upon the property which is subject to this application at any reasonable time for the purpose of

such examinations, surveys, test and inspections as may be appropriate to enable this application to be processed. I understand that no further notice to the owner or applicant will be given regarding entering the property. I/We hereby waive and release any claim of right I/we may now or hereafter possess against any of the above individuals as a result of any examinations, surveys, tests and inspections conducted on my/our property in connection with this application.

Note to Applicant: Include NOTARIZED signature of all owners stating you are authorized to submit this application on their behalf.

Owner(s) Signature (include all):

Owner's (Print Name);

Applicant's Signature:

Applicant's (Print Name)

Notary Public Certification:

SEAL